OCT 0 6 2005

JFV 2182/

TRANSMITTAL FORM

 $\begin{tabular}{l} FORM \\ \textit{(to be used for all correspondence after initial filing)} \end{tabular}$

Application Number 09/758,831

Filing Date January 11, 2001

First Named Inventor Yue Chen

Group Art Unit 2182

Examiner Name Joshua D. Schneider

Attorney Docket Number 150562.01

Sent via Express Mail Label No.:	Attorney Docket Numi	ber	150562.01				
ENCLOSURES (check all that apply)							
Saron Fee Transmittal Form (in duplicate; \$370.00 total fee) Fee Attached	Decla Decla One One	ewly Executed (pages) copy from a prior application 7 CFR 1.63(d)) (pages) sing-related Papers on on to Convert to a Provisiona	is herebry	Appeal Commun Appeals and Inte Appeals and Inte Appeals and Inte Appeal Commun (Appeal Notice, Brief, Proprietary Information Status Letter Application Data Request for Corrol Return Receipt Other Enclosure below): Copy of this y authorized to chaspyments, to Depo	rication to TC Reply Brief) rmation a Sheet rected Filing Receipt Postcard e(s) (please identify s transmittal form.		
SIGNATURE OF ATTORNEY OR AGENT							
Signature Signature	``	. No. 48,5	77				
Name of Attorney or Agent	,, 	mas Wong					
Date October 4, 2005	Tel.	(425) 707-3591			(425) 708-5046		
Assignee Name:	MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052						
Customer Number:	22971						

OIPE										
. (2)			,	1						
OCT 0 6 2005			<u></u>							
Effective	e on 12/08/	/04			Comp	plete if K	_			
Fees pursuant one Consolidated Appropriations Act, 2005 (H.R. 4818).			1818). I	Application Number				09/758,831		
For FY 2005		_	Filing Date			ry 11, 2	2001			
		1.	First Named Inventor		Yue C					
101112003				Examiner Name				a D. Sc	chneider	
☐ Applicant claims small e	ntity state	us. See 37 CFR 1./	27 .	Art Unit Attorney Docke	et No.		2182 15056	 2.01		
TOTAL AMOUNT OF PAYME	ENT (\$) 370.00	-	Express Mail Label No.						
METHOD OF PAYMENT	(check a	all that apply)								
☐ Check ☐ Credit Car	d 🔲	Money Order	☐ Non	ne 🗌 Other	(please identify	y) <u>:</u>				
☐ Deposit Account Depo	sit Accour	nt Number: <u>50-0</u>	<u>463</u>	Deposit Ac	count Name: M	ICROS	OFT CO	<u>RPORA</u>	TION	
For the above-identifie	d deposi	t account, the Direc	ctor is here	by authorized to:	: (check all tha	at apply)				
⊠ Charge fee(s) ind ⊠ Charge any addit under 37 CFR 1.	tional fee((s) or underpaymen	nts of fee(s		arge fee(s) ind dit any overpa		elow, exce	pt for the	e filing fee	
WARNING: Information on thi information and authorization			Credit car	d information sh	rould not be in	ncluded o	n this form	n. Provide	e credit card	
FEE CALCULATION		-				-		,		
1. BASIC FILING, SEA	RCH. /	ND FXAMINA	TION F	FES					, ,,'''.	
I. DAOIO I ILIITO, CL.		FEES		CH FEES	EXAMINA	TION FE	ES			
Alianties Tuno	F== (\$)	Small Entity		Small Entity	S	Small En	tity	Fees Pa	~:4 /¢/	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)	_		11G (#)	
Utility	300	150	500	250	200	100	_0	<u> </u>		
Design	200	100	100	50	130	65	_			
Plant	200	100	300	150	160	80	_			
Reissue	300	150	500	250	600	300	_			
Provisional	200	100	0	0	0	0.	<u>0</u>)		
2. EXCESS CLAIM FEES									Small Entity	
Fee Description					_			Fee (\$)	Fee (\$)	
Each claim over 20 or, for F Each independent claim ov							al natent	50 200	25 100	
Multiple dependent claims	er 3 01, i	ior reissues, eac	31 ilidebe	ngent Gann inc	Jie man m u	le origina	al paterit	360	180	
	xtra Clain	ms Fee (\$)	Fee F	Paid (\$)	Multiple De	ependent	Claims	300	100	
31 - 30 or HP= 1	.ua oiu	x 50	_ = <u>50</u>	alc (v)	Fee (\$)		Fee Paid (\$)		
HP =highest number of total clai		or, if greater than 20			0	_	0	-		
	tra Claim			aid (\$)						
5 -4 or HP= 1 HP = highest number of indep	endent cla	x 200 aims paid for, if great	= <u>200</u> ater than 3							
3. APPLICATION SIZE	FEE									
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)										
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof. Fee (\$)										
	Extra She	<u>eets</u> / 50 = 0	<u> </u>				250	<u>Fee</u> ∍	Paid (\$)	
	'			(round up to a	wnole) num	er × _	230		0	
4. OTHER FEE(S)								<u>Fee</u> :	s Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)										
Other: Extension of Time Request 120										

SUBMITTED BY	7			
Signature	1//	W/	Registration No. (Attorney/Agent) 48,577	Telephone (425) 707-3591
Name (Print/Type)	Thomas Wong			Date October 4, 2005